FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED DEP. IND. DEP. DER. MD. DER OEP. NO. DEP. TOTAL ļ _1 TOTAL IND. _1 TOTAL DEP: TOTAL CLAMES TOTAL DEP. 30.00

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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